ITALIAN VALIDATION
OF THE BRIEF RESILIENCE SCALE

VALENTINA BAELI
ANDREA ZAMMITTI
ZIRA HICHY
UNIVERSITY OF CATANIA, ITALY

Resilience is commonly conceptualized as the capacity to recover from adversity. However, most resilience measures focus on factors that facilitate resilience rather than the recovery process itself. The Brief Resilience Scale (BRS) uniquely assesses the ability to bounce back from stress. This study aimed to translate the BRS into Italian and examine the psychometric properties of the translated version. The psychometric properties of the Italian version of BRS were examined through three studies. The first study demonstrated the unidimensional structure of BRS, using confirmatory factor analysis. Furthermore, gender invariance was ensured. The second study further strengthened the validity of the BRS through a concurrent validity analysis, correlating the Brief Resilience Scale with specific dimensions of resilience such as self-confidence and self-control. The third study demonstrated the stability of the BRS over time and the capacity to predict life satisfaction and well-being. The Italian version of the BRS is a reliable and valid measure to assess resilience as the ability to bounce back.

Keywords: Resilience; Satisfaction; Well-being; Psychometric properties; Validation.

Correspondence concerning this article should be addressed to Valentina Baeli, Department of Educational Sciences, University of Catania, Via Biblioteca 4, 95131 Catania (CT), Italy. Email: valentina.baeli1@phd.unict.it

According to the American Psychological Association, *resilience* is "the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands" (APA, 2018). Why is this skill so important? There are several reasons for this: World Mental Health, through a series of surveys, has concluded that at least once in their lives, subjects can incur traumatic events or be exposed to stimuli that can affect an individual's health in the long run (Ferreira et al., 2021; Kessler et al., 2009, 2017; Krause, 2020). Currently, however, there is no consensus on the definitions of resilience (Fletcher & Sarkar, 2013; Liu et al., 2020).This heterogeneity from a theoretical point of view has led to the development of a large set of tools, which capture different aspects of resilience and the resources related to it: in a review Ahern et al. (2006) examined the tools that were developed to assess it, observing that resilience was not conceptualized as a single construct defining a process that explains the ability to recover, but as a series of distinct abilities (e.g., coping styles, personal resources, etc.; see Ahern et al., 2006; Smith et al., 2008). This perspective is reflected, for example, in both the Resilience Scale (Wagnild, 2009) and the Connor-Davidson scale (Connor & Davidson, 2003): the last one captures characteristics as the sense of humor, patience, optimism, and faith. The Resilience Scale, instead, evaluates dimensions as equanimity, perseverance, self-sufficiency, meaningfulness, and existential loneliness.

The modern conception of mental health embraces not only the prevention and treatment of mental illness but also the improvement of mental well-being, which includes positive emotional states and other rewarding experiences. However, this abilities can be conceptualized as "resilience resources," as pointed out by Smith et al. (2008).The measure covered by the present research was found to be significantly associated with other important dimensions that can be included under the umbrella of "well-being" (Fletcher & Sarkar, 2013; Furstova et al., 2022; Lins De Holanda Coelho et al., 2016; Rodríguez-Rey et al., 2016; Smith et al., 2023), but its perspective is different, considering resilience not only as a series of different abilities but also as a process. A recent review by Egan et al. (2024) shows that positive affectivity can derive from the process of resilience, facilitated by resources such as personality traits (hope, optimism, self-compassion) and social support, and act as a resource of resilience, protecting individuals from the negative effects of stress, depression, and traumatic symptoms. Similar results emerged from a meta-analysis by Hu et al. (2015) who, after analyzing 60 studies, found that trait resilience was inversely related to negative mental health indicators and positively related to positive mental health indicators. In addition, studies done on different populations show that resilience is a predictive resource of life satisfaction: Abolghasemi and Varaniyab (2010) analyzed how resilience and perceived stress influence life satisfaction among successful and failing students. The results showed that both resilience and positive stress are positively correlated with life satisfaction, while negative stress has a negative correlation. Resilience and perceived stress explain 31% and 49% of the variance in life satisfaction, respectively. Similar results were found by Wang et al. (2022) with medical students: again, resilience predicted positively life satisfaction, while academic burnout was an inverse predictor. These results are similar to those obtained by Aboalshamat et al. (2018): the authors observed positive relationships between resilience and both life satisfaction and happiness by observing how the most resilient students were happier and more satisfied. Taking into account the age factor, the positive effects of resilience on well-being do not change: cross-sectional studies have found that there is an inverse association between resilience and depression symptoms, pointing out the need for other research in this field and the importance of promoting interventions to enhance resilience in older subjects in order to prevent and manage age-related depression (Wermelinger Ávila et al., 2017). Shifting the focus to non-Western countries, similar results were found in Hong Kong: Mak et al. (2011) found that resilience is positively related to favorable self-perception and optimistic vision about future and the world; furthermore, more resilient individuals reported higher life satisfaction and less depressive symptoms.

Although not complete, this review is useful not only to know the results obtained in the field of research, but also to understand that the relationship between resilience and well-being is not context-specific: the results obtained are similar through different populations, different ages, and different contexts, highlighting the great importance of this psychological variable for individual well-being.

THE BRIEF RESILIENCE SCALE

The previous review highlights the relationship between resilience dimensions and well-being. However, the measure used in these studies, has been developed to assess "resilience resources" (Smith et al., 2008) that seem to provide a useful summary score of psychological dimensions that generally support positive adaptation but do not tend to measure resilience, understood as an adaptation "process." Fletcher and Sarkar (2023), conducting a review to better frame the concept of psychological resilience,

pointed out that, although there are several definitions of resilience, most of them include the concepts of adversity and positive adaptation and that, conceptually, resilience has been considered as a *trait* or *process*. In the present work, resilience is conceptualized as a process: the Brief Resilience Scale (BRS), in fact, introduced by Smith et al. (2008), was developed to assess the subjects' perceived ability to recover from a stressful event. The scale differs from previous others because its items focus on the recovery process and not on the resources that enable subjects to recover (e.g., hope, optimism, etc.). In the original version, the authors examined four samples, including two samples from students and two samples from patients with cardiac and chronic pain, obtaining a valid one-factor structure. Smith et al. (2008) found that the measure was related to personal characteristics, social support, positive coping style, and health in all groups analyzed. In contrast, the instrument was negatively related to anxiety, depressive syntomatology, and other physical outcomes when measures of other types of resilience, optimism, social support, and type D personality were controlled. The same authors have shown how resilience can be increased through interventions and that the short measure used is able to capture changes following treatments: plasticity of the resilience makes it a fundamental element for the improvement of well-being (Smith et al., 2023), furthermore the BRS has shown good validity and reliability across different cultural contexts: in Spanish context, BRS demonstrated good reliability ($\alpha = .83$) and satisfactory convergent, discriminant and predictive validity, confirmed by confirmatory factor analyses (Rodríguez-Rey et al., 2016).Similar results have been obtained in Brazil: the scale showed adequate reliability ($\alpha = .76$) and the single-factor structure was confirmed. Furthermore, authors found significant correlations with personality traits (Lins De Holanda Coelho et al., 2016). In Czech and Slovak samples, BRS was found to be unifactorial with high reliability ($\alpha = .80$ and $\alpha = .86$, respectively) showing positive associations with general well-being, and negative correlations with somatization, depressive sintomatology, and anxiety symptoms (Furstova et al., 2022). Taken together these results confirm that BRS is a valid and reliable tool for assessing resilience in different populations observing a strong tie with both mental and psychological health outcomes. Furthermore, the brevity of the instrument is an advantage although many critiques have been advanced to short measures. In fact, there is a trade-off between the practical advantages of reduced forms of an instrument and its potential loss in psychometric quality, measurement precision, and validity. It is not infrequent that, sometimes, the accuracy of the data is compromised, especially in clinical settings (Kemper et al., 2018). On the other hand, BRS offers many advantages in terms of resource management (time, funds, participants attention) making them relevant for wide projects (e.g., prevention) and clinical assessments (Rammstedt & Beierlein, 2014). In the clinical field, for example, shorter measures are suitable to avoid fatigue and negative emotional reactions in potentially fragile populations (Steiner et al.,1996).

THE PRESENT STUDY

To investigate the psychometric properties of the Brief Resilience Scale (BRS) in an Italian context, three separate studies with specific focuses were conducted: the first study employed confirmatory factor analysis (CFA) to examine the factor structure of the BRS to verify the presence of a unifactorial composition and the consistency of the resilience construct measured by the scale. The second study assessed the concurrent validity of BRS by comparing scores obtained with those of other resilience tools and related variables. The third study analyzed the predictive validity and test-retest of the BRS. Scores on the scale were examined

to assess their ability to predict relevant psychological outcomes over time and the stability of scores through repeated measurements.

STUDY 1: CONFIRMATORY FACTOR ANALYSIS AND GENDER INVARIANCE

Method

Sample Size Determination

The sample size for this study was calculated a priori using Soper's (2023) calculator for structural equation models. Assuming $\alpha = .05$, aiming for a power of .80, considering one latent variable and six observed variables, the required minimum sample size is 200, considering an effect size of .30. Data collection took place between February and March 2024.

Participants and Procedure

A convenience sample of Italian adults was recruited for this study. Participants were recruited through a two-step process. First, the questionnaire was administered to psychology students at the University of Catania, Italy. Then, students were asked to share the questionnaire with their acquaintances and encourage them to complete it as a task. This method helped to collect a larger and more varied sample.

Participants were required to be at least 18 years old, and to have a good ability to read and understand Italian. Data was collected online through a voluntary research form. Informed consent was obtained from all participants, emphasizing the study's objectives, voluntary participation, data confidentiality, and aggregate-level reporting.

Of the 240 participants, 134 identified as female and 106 as male, with an average age of 29.48 years (minimum = 19; maximum = 60; *SD* = 12.36). Most of the participants had a high school diploma (*n* = 172); the others had a higher qualification (PhD, *n* = 42, or master's degree, *n* = 23). Only three participants had a junior high school diploma.

Measures

Brief Resilience Scale (Smith et al., 2008). The Brief Resilience Scale (BRS) is a psychometric tool designed to measure resilience, that is, the person's ability to recover quickly from difficulties. The scale consists of six items. Users respond using a 5-point scale, from 1 (*strongly disagree*) to 5 (s*trongly agree*) (item sample: "I tend to bounce back quickly after hard times"). Following established guidelines, the items were translated from English to Italian through a multi-step process. Three independent translators provided separate versions of the questionnaire, which were then compared and synthesized to create a unified version. A back-translation was conducted by an independent bilingual translator to ensure consistency with the original items (Prieto et al.,1992; Weeks et al., 2007). The final version was reviewed by a panel of experts to assess linguistic and cultural appropriateness. Additionally, a pilot test was carried out on a small sample of eight participants to verify clarity and comprehension, ensuring that the questionnaire maintained its

psychometric validity across different linguistic contexts (Boateng et al., 2018; Sousa & Rojjanasrirat, 2011). The Italian version of the BRS is available from the corresponding author upon request.

Data Analysis

For each item, we calculated descriptive statistics, including skewness and kurtosis values. Values between −1 and 1 indicate a normal distribution of the data (Kim, 2013).

To evaluate the scale's construct validity, confirmatory factor analysis (CFA) was conducted using AMOS 22.0. Model fit was assessed using the chi-square (χ^2), comparative fit index (CFI), Tucker-Lewis index (TLI), and standardized root-mean-square residual (SRMR). Acceptable fit was indicated by a χ^2/df ratio below 3 (Kline, 2010), CFI and TLI values above .90 (Bentler, 1990; Browne & Cudeck, 1992), and SRMR below .08 (Hu & Bentler, 1999).

To examine measurement invariance across gender, a multi-group CFA was performed. Four levels of invariance were evaluated: configural (model structure), metric (factor loadings), scalar (item intercepts), and residual (item error variances) (Putnick & Bornstein, 2016). Invariance was considered tenable when ΔCFI < .01, and ΔSRMS < .030 (for metric invariance) or < .015 (for scalar or residual invariance) (Chen, 2007; Cheung & Rensvold, 2002). To measure reliability, Cronbach's alpha was used. In this study, the internal consistency of the BRS was evaluated using also the Spearman-Brown coefficient, which is particularly suitable for short scales (Eisinga et al., 2013).

Results and Discussion

Table 1 shows the descriptive statistics and factor loadings of the BRS items. Score distribution followed a normal pattern, as indicated by the skewness and kurtosis values.

The model showed the following fit indices: χ^2/df = 19.590/9 (2.18), CFI = .978, TLI = .964, SRMR = .036. Cronbach's alpha value was .83. Regarding internal consistency assessed through the Spearman-Brown coefficient, the obtained value was .83, indicating good reliability.

TABLE 1
Descriptive statistics and factor loadings of the BRS items (confirmatory factor analyses)

	M(SD)	Skewness	Kurtosis	Factor loading	R^2
Item 1	3.38 (0.92)	−.22	−.56	.75	.57
Item 2	3.23 (1.03)	−.03	−.87	.66	.43
Item 3	3.23 (0.99)	−.27	−.63	.75	.56
Item 4	2.98 (1.09)	.05	−.71	.49	.24
Item 5	3.05 (1.05)	−.17	−.66	.79	.62
Item 6	3.34 (1.00)	−.19	−.54	.63	.39

Note. BRS = Brief Resilience Scale.

Table 2 presents the results of the invariance tests across gender. The changes in CFI (ΔCFI), and SRMR (ΔSRMR) indicated metric invariance (ΔCFI = .001, ΔSRMR = .009), scalar invariance (ΔCFI = .002, ΔSRMR = .002), and residual invariance (ΔCFI = .001, ΔSRMR = .002), respectively.

TABLE 2
Goodness-of-fit statistics for the test of gender invariance

Invariance	χ^2	df	CFI	ΔCFI	SRMR	ΔSRMR
Configural	2.01	18	.962	–	.050	–
Metric	1.81	23	.961	.001	.059	.009
Scalar	1.75	24	.963	.002	.061	.002
Residual	1.58	30	.964	.001	.059	.002

Note. df = degrees of freedom; CFI = comparative fit index; SRMR = standardized root-mean-square residual.

The results obtained from this first study confirmed the validity and reliability of the Italian version of the scale. Confirmatory factor analysis (CFA) showed an adequate fit of the single-factor model, in line with the original theoretical structure of the BRS. Cronbach's alpha showed a satisfactory value, indicating a high consistency between the scale items. This suggests that the items measure a single underlying construct. Furthermore, the analysis of measurement invariance with respect to gender showed that the scale is invariant across the two groups: males and females. This result ensures that the scale can be used to compare the levels of resilience between the two genders without introducing bias.

STUDY 2: CONCURRENT VALIDITY OF THE SCALE

To assess the validity of the Brief Resilience Scale, we conducted an evaluation of concurrent validity by correlating the scores of the BRS with measures of self-confidence and self-control. We expected a high correlation between the Brief Resilience Scale and measures of these variables.

Method

Sample Size Determination

The minimum sample size for this study was established a priori using G*power Version 3.1.9.7 (Faul et al., 2007, 2009); applying the test statistic "correlation: bivariate normal model" with alpha = .05, an effect size between small and medium, that is .20, to obtain a power of .80, a minimum sample size of 153 is requested. Data collection occurred between March and April 2024.

Participants and Procedure

The same procedure as in Study 1 was applied to collect data in this study. A total of 256 participants aged between 19 and 57 ($M = 23.65$, $SD = 7.78$), was examined. Females were $n = 160$, and males were $n = 96$. Most participants held a high school diploma ($n = 193$) or a university degree ($n = 45$). Eighteen participants did not indicate their educational level.

Measures

The following measures were used:

Brief Resilience Scale (Smith et al., 2008). In this study alpha was .87.

14-item Resilience Scale (RS-14) (Gail Wagnild, 2009; Italian version by Cuoco et al., 2022). This scale comprises two dimensions: self-confidence (e.g., "In an emergency, I am someone people can generally rely on"), and self-control (e.g., "I can get through difficult times because I have experienced difficulty before"). The RS-14 inclueds 14 items with the response scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). In this study, the scale showed strong internal consistency, with α =.83 for self-confidence and α = .86 for self-control.

Data Analysis

Before conducting the analyses, we assessed the factor structure of the Brief Resilience Scale through confirmatory factor analysis (CFA), using the same goodness-of fit-indices as in Study 1: the chi-square (χ^2) and degree of freedom (*df*), comparative fit index (CFI), Tucker-Lewis index (TLI), and standardized root-mean-square residual (SRMR). These analyses were conducted using AMOS 22.0.

Concurrent validity of the Brief Resilience Scale was assessed using Pearson's correlation coefficients, calculated using SPSS, Version 25.0. Results were interpreted as follows: low correlation (*r* = .10-.29), moderate correlation (*r* = .30-.49), and high correlation (*r* > .50) (Cohen, 1988).

Results

In this study, the one-factor structure of the Brief Resilience Scale was confirmed through confirmatory factor analysis (CFA), with the following fit indices: χ^2/df = 17.986/9 (1.99), CFI = .987, TLI = .978, SRMR = .027. Table 3 presents the correlations between the resilience (Brief Resilience Scale) self-confidence, and self-control (14-item Resilience Scale). As expected, correlations were high and positive.

TABLE 3
Pearson's correlation

	M(SD)	1.	2.	3.
Resilience	3.04 (0.77)	–		
Self-confidence	5.19 (1.02)	.52*	–	
Self-control	5.02 (0.96)	.55*	.82*	–

*p < .01.

This second study aimed to investigate the concurrent validity of the Brief Resilience Scale (BRS) by examining its relationship with measures of self-confidence and self-control. Also in this second study, confirmatory factor analysis (CFA) supported the unidimensional structure of the BRS. The BRS showed

significant positive correlations with both self-confidence and self-control, as measured by the 14-item Resilience Scale. These findings provide strong evidence for the concurrent validity of the BRS, suggesting that it effectively captures the construct of resilience, which is related to self-confidence and self-control.

STUDY 3: TEST-RETEST AND PREDICTIVE VALIDITY

This study aimed to investigate the predictive validity and temporal stability of the Brief Resilience Scale through a longitudinal design with a four-week follow-up period. To assess stability, the scale was administered two time. Predictive validity was examined using correlation to assess the Brief Resilience Scale ability to predict well-being. It was hypothesized that the Brief Resilience Scale would demonstrate high temporal stability, as indicated by a strong interclass correlation coefficient. Furthermore, it was hypothesized that resilience, evaluated with the Brief Resilience Scale, would positively predict emotional, social and personal well-being, and life satisfaction.

Method

Sample Size Determination

The sample size for this study was calculated a priori using G*power (Faul et al., 2007, 2009) for *t*-test and point biserial correlation. Assuming $\alpha = .05$ and an effect size $= .50$, a minimum sample size of 64 is requested to obtain a power of .80. Data collection occurred between April and May 2024.

Participants and Procedure

In this study, the first wave of data was conducted during class hours, using a research protocol that students could complete on their mobile devices by scanning a QR code. Students were asked to provide their email addresses to receive a second administration of the protocol four weeks later. Participants were asked to fill out a longitudinal research protocol in two stages; the protocols were paired by asking participants to enter a code consisting of the first letter of their name, the first letter of their surname, and their day of birth. The final sample consisted of 125 university students aged between 20 and 57 years ($M = 22.04$, $SD = 5.97$). The majority ($n = 97$) identified as female, 26 as male, and 2 as "other."

Data Analysis

Also in this case, before conducting the analyses for test-retest and predictive validity, we assessed the factor structure of the Brief Resilience Scale through confirmatory factor analysis (CFA), using chi-square (χ^2) and the degrees of freedom (*df*), comparative fit index (CFI), Tucker-Lewis index (TLI), and standardized root-mean-square residual (SRMR). We tested the factor structure in both the first and second administration. These analyses were conducted using AMOS 22.0.

For test-retest and predictive validity, data analyses were performed using SPSS Version 25.0. To assess the stability of the measures over time, intraclass correlation coefficients were calculated after a four-week interval. The intraclass correlation coefficient (ICC; Fisher, 1970) is a reliability metric that captures both the correlation and agreement between measurements. It is commonly employed to assess the consistency of numerical or continuous measurements across test-retest conditions (Koo & Li, 2016). Correlation analyses were conducted to examine the predictive validity of the BRS (measured at Time 1), well-being (emotional, social, and psychological), and life satisfaction (measured at Time 2; Aron et al., 2018). Also in this case, results were interpreted as follows: low correlation (*r* between .10 and .29), moderate correlation (*r* between .30 and .49), and high correlation (*r* higher than .50; Cohen, 1988).

Measures

In the first administration (Time 1), only the Brief Resilience Scale was used; in the second administration (Time 2), the complete protocol was used, consisting of the following measures:

Brief Resilience Scale (Smith et al., 2008). In this study the internal consistency was .87 (Time 1) and .89 (Time 2).

Life satisfaction was measured using the five-item of *Satisfaction with Life Scale* (SWLS; Diener et al., 1985), validated for the Italian context by Di Fabio and Gori (2020). This scale assesses global life satisfaction. Participants rated their agreement with each of the five items (e.g., "In most ways my life is close to my ideal") on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The scale showed excellent internal consistency: Cronbach's alpha was .86.

The *Mental Health Continuum-Short Form* (MHC-SF; Keyes, 2002; Italian version by Petrillo et al., 2015) is a 14-item measure assessing three dimensions of well-being: emotional (e.g., "During the past month, how often did you feel… Interested in life"), social (e.g., "During the past month, how often did you feel… That you had something important to contribute to society"), and psychological (e.g., "During the past month, how often did you feel… That you liked most parts of your personality"). Respondents rated the frequency of each feeling or behavior on a 6-point rating scale from 0 (*never*) to 5 (*always*). Cronbach's alpha was .81 for emotional well-being, .76 for social well-being, and .86 for psychological well-being.

Results and Discussion

CFA confirmed the one-factor structure of the BRS with the following fit indices in the first administrations: χ^2/df = 18.341/9 (2.04), CFI = .972, TLI = .954, SRMR = .037. Also in the second administration the Brief Resilience Scale confirmed the one-factor structure, with the following fit indices: χ^2/df = 24.158/9 (2.68), CFI = .962, TLI = .936, SRMR = .047. The Brief Resilience Scale demonstrated strong test-retest reliability, with an intraclass correlation coefficient of .79, 95% CI [.72, .85]. Correlation analysis revealed significant positive associations between resilience evaluated with the Brief Resilience Scale and life satisfaction and the three types of well-being: emotional, social, and psychological (see Table 4).

The third study aimed to investigate the psychometric properties of the Italian version of the Brief Resilience Scale (BRS) through a longitudinal design. Also in this study, confirmatory factor analysis (CFA) supported the unidimensional structure of the BRS, both at Time 1 and Time 2. These findings are consistent with the original development of the scale and provide evidence for its construct validity. The BRS

demonstrated strong test-retest reliability, indicating that the scale measures a stable construct over time. This finding suggests that the scale can be used to assess individual differences in resilience and monitor changes in resilience. As hypothesized, the BRS was found to be a significant predictor of life satisfaction and emotional, social, and psychological well-being. These findings highlight the importance of resilience as a protective factor for mental health and overall well-being.

TABLE 4

Results of the predictive validity of resilience (Brief Resilience Scale) for life satisfaction and well-being

	Life satisfaction	Emotional well-being	Social well-being	Psychological well-being
Resilience	.46*	.29*	.33*	.38*

*$p < .01$.

GENERAL DISCUSSION

The purpose of the current study was to evaluate the psychometric properties of the Brief Resilience Scale (BRS) in the Italian population; the results of the three studies presented provide robust support for the psychometric validity of the measure.

The first study demonstrated satisfactory construct validity, as confirmed by confirmatory factor analysis. The scale's one-factor structure proved to be robust and replicable, supporting the notion that the Brief Resilience Scale measures a unitary construct of resilience. Furthermore, gender invariance ensured that the scale can be reliably used in both genders, without significant differences in the latent structure.

The second study further confirmed the validity of the Brief Resilience Scale through a concurrent validity analysis. The significant correlations between the Brief Resilience Scale and the 14-item Resilience Scale, which assesses specific dimensions of resilience such as self-confidence and self-control, support the convergence of the two measures. The results obtained are in line with the existing literature (Boateng et al., 2018; Çutuk et al., 2020; Pinar et al., 2018; Şimşir Gökalp, 2023; Sousa & Rojjanasrirat, 2011) and suggest that the Brief Resilience Scale effectively captures the fundamental components of resilience.

Finally, the third study demonstrated the utility of the BRS in predicting important psychological outcomes. The good test-retest reliability indicates that the scores obtained on the Brief Resilience Scale are stable over time, suggesting that the scale consistently assesses resilience which is crucial for longitudinal applications in research and interventions (Aboalshamat et al., 2018). Furthermore, similar values, was obtained in the English version (Smith et al., 2008).

Moreover, the ability of the Brief Resilience Scale to predict life satisfaction and various dimensions of psychological well-being underscores the importance of resilience as a protective factor in the face of adversity and as a predictor of good psychological adjustment. This is consistent with previous studies that have found a strong correlation between resilience and psychological well-being, indicating that the BRS is a valid tool for measuring resilience in different cultural contexts (Aboalshamat et al., 2018; Mak et al., 2011; Wang et al., 2022). Resilience can improve quality of life and mitigate the negative effects of stress and burnout (Abolghasemi & Varaniyab, 2010; Ayllón-Negrillo et al., 2024; Wang et al., 2022). These results contribute to consolidate the role of the BRS as a psychological assessment measure useful in both research and clinical practice.

LIMITATIONS AND IMPLICATIONS

Despite the positive results, it is important to consider some limitations of the study. First, the sample used consisted mainly of university students, limiting the generalizability of results. Future studies could include more heterogeneous samples to verify the robustness of the scale in different contexts. Furthermore, it would be interesting to further explore the relationships between the BRS and other psychological constructs, such as coping, optimism, and gratitude. However, the results of this study have important implications for both research and clinical practice. The Brief Resilience Scale can be used as a screening tool to identify individuals who could benefit from interventions aimed at improving their resilience. For example, more dynamic resilience indicators could improve the prediction and assessment of recovery, following period of hospitalization, in elder population by monitoring psychological responses (Gijzel et al., 2019). In the medical field, the instrument could be used to target and monitor interventions for healthcare professionals, where resilience training can reduce depression and stress (Kunzler et al., 2020). The BRS could be used to assess, through a few items, the improvement of resilience in programs that include a pre- post-evaluation (Zammitti et al., 2023). In general the applications of the scale are highly versatile, ranging from monitoring psychological well-being to more targeted interventions in clinical, educational, workplace, and social contexts.

In summary, a short resilience scale is useful for obtaining rapid and accurate measurements of resilience in various contexts, while maintaining the reliability and validity of the results. Furthermore, the scale can be used in longitudinal studies to examine changes in resilience over time and the factors that may influence the development of this important psychological quality.

CONCLUSIONS

In conclusion, the results obtained in the three studies support the use of the Brief Resilience Scale as a valid and reliable tool for the assessment of resilience in the Italian population. The scale has demonstrated good construct validity, good concurrent validity, and good predictive validity. In summary, resilience emerges as a crucial predictive factor for the improvement of life satisfaction and psychological well-being, supporting its usefulness as an intervention variable. The practical implications suggest the adoption of resilience promotion programs that can enhance individuals' ability to cope with stress and improve their quality of life. In addition, neuroscientific and psychological evidence underscores the importance of considering resilience as a key resource in the design of interventions for mental well-being and stress management (Kong et al., 2015; Mak et al., 2011). These results provide a solid basis for developing and implementing strategies that aim to strengthen resilience and, consequently, improve psychological well-being and life satisfaction in different populations and contexts.

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